

FORM 1

DECLARATION OF LIFE EXTINCT

I, being a medical practitioner, OR
(Full Name of Person Making Declaration)

having been appointed as a *Responsible Person** by

.....
(Full Name of the name of medical practitioner)

hereby declare that the body identified to me as

.....
(Full Name of Deceased Person)

situated at
(Location of Deceased Person at Time of Issuing this Declaration)

does not display any recognisable signs of life.

(If a *Responsible Person*) I further declare that

.....
(Name of Medical Practitioner)

has indicated that a medical certificate will be issued within 48 hours.

☐ Identification tag attached (please tick)

Signed by
(Signature of Medical Practitioner or Responsible Person)

Contactable at
(Contact Details of Medical Practitioner or Responsible Person)

Time
(Time of Issuing Declaration)

Date
(Date of Issuing Declaration)

*A “*responsible person*” under these Regulations is defined as:

- a nurse, as defined in the *Nursing Act 1995*; or
- a paramedic, as defined in the *Ambulance Service (Fees) Regulations 2001*; or
- an officer of the Ambulance Service qualified to at least Ambulance Officer level; or
- any other person who, in the opinion of a medical practitioner, has the knowledge and skills necessary to determine if – (i) the person who has been notified as dead is in fact dead; and (ii) the death is a reportable death.

Distribution:

Original – to accompany body and be retained by Manager of a Prescribed Business or other person in charge of the body
Duplicate – To be forwarded to the Medical Practitioner Issuing the Medical Certificate of Cause of Death
Triplicate – To be forwarded to the Registrar of Births Deaths and Marriages GPO Box 198 HOBART 7001 or fax to 0362 33 6444